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# MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

S. W. BUTLER, M. D., }  
W. B. ATKINSON, M. D., } EDITORS.

## CONTENTS.

	PAGE		PAGE
<b>Original Communications.</b>		Cataract, .....	86
Medullary Cancer of the Pancreas, .....	77	Suspected Calculus in a Female Child, .....	86
In Memoriam, .....	78	Lithotomy successful in eight days. Urine Per Vias Naturales in thirty-six hours, ..	86
<b>Illustrations of Hospital Practice.</b>		Sero-Cystic Tumor of the Breast, .....	87
<b>PENNSYLVANIA HOSPITAL:</b>		<b>JEFFERSON COLLEGE HOSPITAL:</b>	87
Phthisis, .....	79	<b>MEDICAL SOCIETIES:</b>	
Fractures of Patella, .....	80	Philadelphia County Medical Society, .....	88
Rupia, .....	80	<b>Editorial.</b>	
Typhoid Fever, .....	80	Sanitary Legislation, .....	90
Chronic Bronchitis, .....	80	The Medical Schools of New York, .....	91
Tubercular Phthisis, .....	81	International Copyright Law, .....	91
Fracture of the Ribs, .....	82	About Printing, .....	92
Scalp Wound, .....	82	<b>Medical News.</b>	
Fractures of the lower end of the Radius, ..	83	Marriages, .....	92
<b>UNIVERSITY COLLEGE HOSPITAL:</b>		Deaths, .....	92
Necrosis of the Lower Jaw, .....	83	Items, .....	92
Fibro-Cellular Tumor of the Mamma, .....	84	Erratum, .....	92
Necrosis of the Jaw, .....	85		
Opacities of the Cornea, .....	86		

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# MEDICAL AND SURGICAL

## REPORTS

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THE  
MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,  
NO 106

PHILADELPHIA, OCTOBER 29, 1858.

{NEW SERIES,  
VOL I. NO. 3.

Original Communications.

**MEDULLARY CANCER OF THE PANCREAS.**

*Read before the Northern Medical Association of Philadelphia.*

BY T. A. DEMME, M. D.

I DESIRE to report to this Association the following case of medullary cancer of the pancreas; a case, interesting not only from the nature and rarity of the disease, but also from the fact that a correct diagnosis was formed early in the progress of the disease, and, in consequence, the obscure diagnostic symptoms of cancer of the pancreas carefully noted.

In the month of June of this year, I was called to see Mrs. Hewett, residing in Ninth Street, below Brown. Upon my visit, I found a lady of about 48 years of age, who presented in a marked degree the ravages of a chronic disease; great emaciation and debility, the features pinched, the expression exceedingly anxious, the skin waxy and jaundiced.

She complained of most excruciating paroxysmal pain in the epigastric region, commencing every evening, and continuing until midnight, when a complete cessation of pain occurred. Upon careful percussion, I found, about two inches above and towards the left of the umbilicus, dullness, and could also feel a hard body, apparently the size of a small walnut. This tumor was very sensitive, and upon percussion caused the patient to suffer much pain.

The general appearance of the patient suggested a cancerous diathesis: the situation of the tumor convinced me that there was no

pyloric disease: the absence of coffee-ground vomit indicated a freedom of the stomach from cancerous disease; the tumor was in the region of the pancreas—and, therefore, I ventured to pronounce that the patient was suffering from pancreatic sarcoma.

During the progress of the disease she was seen, in consultation with me, by Dr. Hunt of Arch Street, Dr. R. J. Levis, Dr. Rhein and Dr. Boisnot; of these, only one agreed with me that the disease was pancreatic.

Upon the 15th of August she died. The post-mortem examination, of which I shall give an account at the end of this paper, revealed the existence of medullary cancer of the pancreas. I have made the following notes in regard to the disease.

*Duration of the Disease.*—Like most chronic diseases, it commenced so insidiously that the time of its first onset could not be accurately fixed. The first symptom that attracted the attention of the patient was pain—this was about six months before her death.

Pain occurred paroxysmally, and always during the night. During the last three weeks of the patient's life the pain lost its paroxysmal character and became constant. On the fifth and sixth days before death, she enjoyed a complete freedom from pain; on the fourth day it returned with increased violence, and continued until the moment of death. She did not describe the pain as being of a lancinating character, but either as a burning or as a cutting pain. Relaxation of the abdominal parietes gave her some relief, and in consequence, her favorite position was seated upon a low stool with the upper portion of the body thrown forwards. She referred the pain to the

epigastric and right hypochondriac regions; during the last week, the pain was transferred to the iliac region.

Vomiting did not exist at the time I was first called, but during the last month a steadily increasing nausea ended in frequent, almost continuous vomiting.

The matter vomited was of a mucoid or watery nature, often tinged with bile. During the progress of this case I never saw coffee-ground vomit: once the vomit was very deceptive, owing to a large quantity of bile ejected, and at another time in consequence of being tinged with blood.

The condition of the bowels was that of constipation—for more than a year before death she had a motion but once in from five to seven days. Near the close of the disease, every evacuation by the bowels caused great weakness and sickness, and was accompanied with great pain. The post-mortem exhibited the cause of the constipation. The stools were often black from the admixture of blood, generally hard, and when not tinged with blood of a light yellow color. I never noticed fatty stools.

Jaundice existed near the close of the disease in a marked degree.

Dyspeptic symptoms troubled the patient continuously, great distress being occasioned by acid eructations and flatulence.

There was constant craving for food.

The tongue was dry, deeply fissured and enlarged.

*Local Symptoms.*—The pain and the tumor were all that pointed to the seat of the disease; the situation of these I have already given. The tumor gradually increased in size, was nodulated, and excessively painful to the touch.

*Post Mortem.* The post-mortem examination was made by me, assisted by Dr. Rhein, Dr. Boissnot, and Dr. Nordmann.

Upon removing the abdominal parietes, the omentum was seen, free from any adhesions to the surrounding parts, greatly thickened, and presenting a very uneven surface, consequent upon a cancerous infiltration of its lymphatic glands.

The liver appeared perfectly normal, as far as size, color, and consistency, but upon its upper surface was a small medullary tumor about the size of a marble, which was crushed by slight pressure.

The gall bladder was greatly distended, but healthy.

The intestines were greatly stained by the bile presenting here and there dark green, almost black patches. The descending colon, immediately above the sigmoid flexure, was contracted for the space of four inches, reducing its diameter to the half of an inch. Above and below the constriction there was a great accumulation of fecal matter.

The stomach, a very large one, was perfectly healthy.

The pancreas was one mass of medullary cancer, weighing probably more than 2 lbs. From the pancreas the cancer radiated downwards along the mesocolon, and infiltrated the lymphatic glands.

The cancerous mass presented a whitish-gray appearance, was not fibrous in texture, but apparently in concentric laminae, crushing readily upon slight pressure.

The great mass of the pancreas pressing upon the pylorus contracted adhesions, and the nodular cancer could be felt through the tissue of the pylorus, and one little mass, covered by the pyloric mucous membrane, could be seen projecting into the pylorus; but in the tissue proper of the pylorus there was no cancer.

According to Dr. Da Costa, who recently presented an interesting paper upon pancreatic sarcoma to the Pathological Society, there have been but 37 authentic cases of pancreatic cancer described, of which 6 were described by American practitioners.

(For the Medical and Surgical Reporter.)

#### IN MEMORIAM.

BY W. S. T., OF MARYLAND.

DIED, of pneumonia, at Blenheim, Baltimore Co., Maryland, Oct. 9th, 1858, Dr. Robert Agnew, in the seventy-fifth year of his age. He was born in Adams Co., Penna.,

received his literary education at Dickinson College, Carlisle, after which he removed to Philadelphia, where he pursued his medical education as a private pupil of the late Dr. James, after completing which he was offered and accepted the post of physician to a vessel sailing from Philadelphia to Canton, China; but this enterprise failed in consequence of the wreck of the ship, which occurred in a violent storm after passing the Capes. Upon the occurrence of this disaster he returned to his native state, and settled in Lancaster County, in which, with the adjoining county of Chester, he enjoyed a most extensive practice for forty years,\* when, finding the duties of his profession too arduous, in consequence of a severe asthmatic affection, he was compelled reluctantly to relinquish it, and retire from its oppressive labors, to the profound regret of a very numerous circle of enlightened and sincere friends. He then removed to Maryland, and purchased "Blenheim," the farm on which he died, after a residence of eighteen years. But notwithstanding he had declined *actively* engaging in the practice of his profession, he nevertheless spent much of his time in literary and scientific studies, for his mind retained its wonted vigor, though the inconvenience resulting from his bronchial difficulty necessarily limited the boundaries of his social intercourse. While living in Pennsylvania he was selected to represent his county in the State legislature, and had he chosen, his extended popularity would have advanced him rapidly in political life; but having no aspirations for political honors, he retired from the field to enjoy the more congenial pursuits of his profession. The leading features of his character may be described as consisting of great simplicity, singleness of heart and ingenuousness; always slow and cautious in forming an opinion, but inflexibly firm in maintaining and carrying it out when formed—

"Not the first by whom the new is tried,  
Nor yet the last to throw the old aside."

\* Dr. Agnew, after he removed to Maryland, counselled and prescribed for several years; so that his professional services extended over a period of half a century.

He was neat, methodical and precise in all he did. His manners were exceedingly bland, courteous, and devoid of affectation. He was indeed admired by all who knew him intimately. His amiable manners and disposition insured for him the good will of all who had the happiness to enjoy his society. His death was calm and peaceful, as becomes the Christian gentleman, and in perfect harmony with the life he so much adorned. He leaves a widow, almost fourscore years of age, and an only son, Dr. D. Hayes Agnew, anatomist, of Philadelphia.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 16TH.

Service of Dr. Gerhard.

#### PHTHISIS.

After some preliminary remarks upon those most liable to this disease, its nature, etc., he said the most important auscultatory sign in the beginning, was a *crackling sound*, on auscultation, like the breaking of bubbles of a liquid contained within a cavity. This was more important than pectoriloquy, because the latter is only developed when the cavern is clear. This, too, occurred at the lower portion, in consequence of the tendency of liquid to gravitate to that portion, and hence we have the cavity kept full. We frequently find evidences of disease of the larynx, and this was a very unpleasant symptom, because it renders the patient unable to talk, except with great difficulty. Thickening of the cords produces huskiness of the voice, then ulceration, the voice is destroyed, deglutition is interfered with, and the suffering is great. He presented a case of a woman who had suffered with cough for three months. She had not menstruated for the last two months, and about the same time ago she had brought up blood; as a general rule, the catamenial flow disappears when tubercles are present.

This patient has the tuberculous expectoration as from a cavity. Percussion gives a dull sound. We should always percuss at the back part of the chest, as the bronchial tubes lie closer to the surface at this point, and we have also a larger mass of lung, and diseases occur



more particularly at the posterior portion. On auscultation, we have a noisy respiration, showing the presence of a cavity and induration of the lungs. This is a cavernous respiration. The treatment was as usual. Cod liver oil, quinine, etc.

**CASE II.** A young man, who looks tolerably well. He is thin, and has lost flesh fast. Has had a cough for months from exposure to cold, producing an acute attack. Dullness on percussion; chest moderately contracted; cavernous inspiration, and gurgling. He has a cavity and scattered tubercles. He has a *fistula in ano*. Now, this must not be touched with the knife; if it should be healed, the disease of the lungs would go on with accelerated pace. It acts as a means of relief which nature has set up. Give him cod-liver oil, quinine, iron, etc.

Service of Dr. Norris.

#### FRACTURE OF PATELLA.

(See Report of October 9th, page 62.)

This was produced by the kick of a horse on the man's knee. There is very little suppuration, and probably the fracture is comminuted, from the mode of its production.

Dressed as before.

He next exhibited two cases of amputation, which were dressed, and are doing well.

#### RUPIA.

A man much emaciated, with an eruption on his face and portions of the body, of a vesicular form. This is *Rupia*. The points are vesicular, swell much, inflame, ulcerate, and open, pouring out a thick matter, which forms a scab. He has periostitis of the limbs, etc., which produces these sores. The worst ones we will puncture, and evacuate the pus, then poultice, and let them discharge. This is the result of two or three causes: he is scrofulous, and syphilitic, and has taken mercury freely. Scrofulous cases, when thus treated, are apt to suffer from its effects a long time. Syphilis is better treated without mercury in all cases, but especially when the patient has a scrofulous diathesis. Give him iodide of potassium; good diet; the open air; invigorate his health with cod-liver oil and the warm bath. We may find in these swellings, called *nodes*, diseased bone, more or less. We will examine into this after awhile. In addition, he had a spot on the scrotum; it ulcerated, opened, and a fungous mass formed: this must be cauterized, and the sides of the opening brought together,

or we may have the testicle protruding. Support it with strips of adhesive plaster, and wash with the chloride of soda.

WEDNESDAY, OCT. 20, 1858.

Service of Dr. Gerhard.

#### TYPHOID FEVER.

Two cases which have been before the class were presented, showing the progress of typhoid fever. They were both convalescent. Dr. G. cautioned the class against unnecessary medication in this disease.

#### CHRONIC BRONCHITIS.

A woman, æt. about 60, was brought in with chronic bronchitis. She has had a cough for two years. You perceive, gentlemen, the labored, wheezing respiration, and the position the patient assumes, viz., bending forward. You notice that the chest is rounded, and on percussion the sounds are clearer, more sonorous than in health. There is preternatural development, extending over the whole of both lungs. These symptoms indicate emphysema. We may infer it from the protuberant form of the chest. On examining the chest posteriorly, we find sonorous expiratory rhonchus over its whole surface, rather more on the right side. There is no mucous rhonchus, which generally exists at the lower portion of the chest. The same is observed in front, though there is more sibilant rhonchus than posteriorly. When the patient coughs, there is quick, jerking, sonorous expiration. There is some thickening of the mucous membrane at the lower portion of the larynx. If the upper portion involving the parts which modulate the voice were thickened, we would have alteration of voice; but none exists here. This is a chronic case, and he would remark that, in many chronic cases, we cannot expect a cure, but we must do all in our power to moderate the violence of the symptoms, and make the patient as comfortable as possible. In every disease, the power in the physician to cure, it must be remembered, is comparatively slight. Too many young physicians commit the error, supposing that, armed with medicines, they can cure any disease that comes in their way. Medicines should be used cautiously, gentlemen. This patient rested pretty comfortably last night until about 4 o'clock this morning, when she had a severe attack of dyspnoea from congestion of the larynx. He has seen none of the expectoration, but presumes that it is muco-purulent.

*Treatment.*—She has little fever; there is slight tension of the pulse and heat of skin. The indications here are to promote secretion and relieve the spasm. The best remedy to meet these indications is the tincture of lobelia. You may give a teaspoonful three or four times a day. This remedy acts differently in different cases, and you must be guided in the dose by its action. Squills may be combined with the lobelia or not; we will not use it in this case. We will also order an opiate. This will be useful in controlling respiration and relieving spasm. He uses scarcely any other narcotic than opium, as it is the most reliable. There are many others in use, but he very seldom employs them. This patient may smoke stramonium leaves twice a day, and we will give her nearly a teaspoonful of paregoric occasionally. There exists in this case what is termed *laryngismus stridulus*.

2. A young woman, aged about 22, was presented, with chronic bronchitis. She has not quite as much shortness of breath as the last patient, though she has considerable, and cannot come up stairs, she says, without stopping. She expectorates muco-purulent matter; no blood; has no fever, the pulse being normal. In examining her chest posteriorly you perceive that it is rounded. On percussion we find the sounds clear over the whole chest, but less so than in the last case. In examining by percussion, you must remember that clothing interferes with the natural sound, and make allowance accordingly. We find no dullness here at the apex of either lung, and therefore conclude that our patient has no phthisis. On examining the left lung by auscultation, we find at the lower portion that there is a sonorous inspiratory rhonchus, though not an expiratory one. At the upper part, there is both inspiratory and expiratory sonorous rhonchus. On the right side, inferiorly, we find some mucous rhonchus, and, superiorly, there is both expiratory and inspiratory sonorous rhonchus. In front we find rather more mucous and sonorous rhonchus, with a trace of sibilant.

This disease has lasted six months, and may therefore be considered chronic. But it is not too late to do something for the relief, and perhaps permanent cure of the patient. We will have a stimulant plaster applied. These may be used very well eight months in the year, but during the warm summer months they cause a great deal of discomfort, and should be avoided. Never apply a warming plaster of the strength ordered in the Pharmacopœia, unless you want to have a bad blister. I find that one-third the

proportion of flies ordered there are sufficient. Apply the warming plaster under the arm-pits of both sides. It is most needed on the right side. Give expectorant remedies. By promoting expectoration you relieve congestion of the bronchial tubes. *Assafœtida* is a mild expectorant, and is a particularly useful remedy with female patients. It is, however, objectionable in general practice on account of its odor. It may be given in almost any amount. Its effects, when given in an over-dose, are manifested on the stomach. We will try it with this patient, giving it two or three times a day, and if we find no improvement will return to the use of lobelia.

#### TUBERCULAR PHTHISIS.

1. A young woman was brought in, aged seventeen, with confirmed tubercular phthisis. She presented a very emaciated appearance. There is, in her case, ulceration of the larynx. This affection of the larynx, as an accompaniment of phthisis, is very common, but I find that it varies in different series of years. It has been very frequent during the last two or three years, and was not nearly so much so for the few years preceding that. This ulceration of the larynx causes a peculiar intonation of the voice. In this case, the voice is entirely suppressed. She has difficulty of swallowing. This is always the case when the epiglottis is much ulcerated. Sometimes it causes deglutition to be very painful and distressing, and frequently regurgitation takes place. This patient has no chills now, though she had them when she came into the house, and she has no sweating at night. There is no diarrhoea, showing that the intestines are not the subject of tubercular ulceration, which frequently occurs in the glands of Peyer and Brunner. Percussion gives a dull sound on both sides at the upper portion of the left, and the upper two-thirds of the right lung. At the upper and posterior portion of the right lung, we find cavernous expiratory and inspiratory sounds of mucous rales in the middle, and friction rales at the lower portion of the lung. The friction sounds are caused by adhesions from lymph thrown out in the pleural cavity. On the upper left side there is rude respiration. The sounds are much the same on the anterior portion of the chest. This girl has lost a brother by consumption, and her mother is sick with the disease now. Her father died of dropsy. She also lost an uncle by consumption. She comes from county Tyrone, in the north of

Ireland. The Scotch-Irish, of the north of Ireland, are generally a more healthy and robust race than the native Irish of the southern and south-western, or the English-Irish of the eastern parts of the island, but they suffer more from consumption.

The diagnosis in the case of this girl, who has just gone out, is clear, and, unfortunately, the prognosis also. She has had the disease for ten months, and will not probably live much longer. In young persons, consumption is apt to run its course much more rapidly than in persons of a more mature age. When it occurs in persons past forty years of age, they are much more likely to linger for years with the disease than the younger subjects of it, like the girl who was just before you.

*Treatment.*—But this girl must not be abandoned to her fate. Something can always be done to render life more comfortable, if not to prolong it. She should have good, nourishing food, tonics, porter, and stimulants. However, care must be taken in recommending stimulants, lest a morbid appetite for them be created. Your patient had better die of phthisis than of dropsy. This girl has taken cod-liver oil, but has been obliged to discontinue its use from inability to digest it. The best time to give cod-liver oil is from one to two hours after a meal, or about mid-way between two meals, or at bed hour. If given before meals, or soon after, it is apt to interfere with digestion, and cause nausea. If this remedy, or rather nourishment, cannot be taken, it is well to substitute some other fatty or oily substance, as the fat of ham, or cream, etc.; the only advantage that cod-liver oil has over the other fats is, that it is more easily and thoroughly digested. Sometimes it is necessary to discontinue its use for a time, and begin again. It should not be given rancid. A tablespoonful may be given three times a-day. You must not suppose that these substances are given with any hope of curing confirmed phthisis. Unfortunately, we have no power yet to cure the disease. Early treatment is of the utmost importance in this disease, and in many cases where there is a strong pre-disposition to it, we may prevent it by proper treatment. Exercise and diet are of the utmost importance in consumption. The former should be taken freely, though not to the extent of causing much fatigue, and the latter should be rich in nutritive matter, and easily digested.

2. Girl aged about fourteen. Has no cough. When she came into the house she had some cough, fever, and rude respiration; she has

had tonics quinine and iron; one grain of the former to two of the latter, three times a-day, with cod-liver oil. Respiration is still a little rough on the right side. This girl may get well if she follows out vigorously the course of treatment we have recommended. He sees persons going about the streets now, who had incipient phthisis twenty years ago, but who recovered by following out his directions. This girl would soon kill herself, if she were to engage in sewing or other confining employment.

Service of Dr. Norris.

#### FRACTURE OF THE RIBS.

This accident is frequently complicated by injury to the lungs and emphysema. This man has emphysema; you perceive that his face is puffed up and swollen; he says it is naturally thin. His neck, too, is swollen. On pressing the swollen part, you will observe a crackling under the fingers. There is not as much emphysema here as we often see. This man received his injury by the wheels of a loaded furniture car passing over him. He is suffering so much pain that a very close examination into the exact nature of the fracture has not been made. We will apply strips of adhesive plaster to control the respiration of this injured side. Emphysema rarely gives trouble. It will soon pass away. He does not think that there is extensive injury to the lungs, for he would in that case have had more cough and expectoration. Diaphragmatic respiration must be performed, in order that the parts involved in the injury may be kept as quiet as possible. There is danger of pneumonia and of pleurisy in these cases.

#### SCALP WOUND.

(See Report of October 13, p. 66.)

This case had previously been brought before the class, and the proper dressings applied. On account of the contusion of the scalp, the wound was not united by the first intention, but the edges have sloughed away, and left the bone bare. The periosteum is torn off, and we will be likely to have necrosis. The indications are to keep this sore in as healthy a state as possible, to keep pus from burrowing under the frontal and temporal muscles, and to wait until the dead bone is loosened, and then remove it. In former times, it was the practice to trephine around dead bone and remove it at once, but this is unnecessary, and, in fact, is not the best practice.



## FRACTURE OF THE OLECRANON.

You observe, as I remove the roller, that it is very loosely applied. This is done to prevent inconvenience from swelling of the parts. You perceive that notwithstanding the precaution we took, the marks of the roller are left in some places. If it had been tightly applied at first, we would have had inflammation and sloughing, very likely, and this would have interfered with a proper treatment of the fracture, and the patient would have got well with a bad arm, even if he did not have to lose it altogether. In fractures of the olecranon, you will find the arm in a semi-flexed position. The patient is unable to straighten it, as he has no power over the arm through the muscles that are inserted into the olecranon process, which is broken off. By rotating the arm he can feel the crepitus. A straight splint is indicated here in order to bring the fractured bones together, but the position would be so uncomfortable to the patient that it would be impossible to maintain it long. We therefore use now an angular splint, nearly straight. This will be changed in the course of the treatment, and splints of different angles used, to avoid ankylosis. The union that takes place here will probably be ligamentous, as is usually the case.

## FRACTURES OF THE LOWER END OF THE RADIUS.

Woman, aged about forty-five. This, gentlemen, is one of the most common forms of fracture that you will be called upon to treat, and it is very important that you understand how to treat it well, both for your own reputations, the comfort of the patient, and the utility of the arm. We will notice two kinds of fractures of the lower end of the radius; the first, transverse, occurring chiefly in young persons, and consisting simply in the separation of the epiphysis—the other, oblique from externally one and a half to two inches above the end of the bone, inward, and generally involving the joint—in fact, the external projection of the radius is knocked off. The case before you is of the latter kind. This fracture is sometimes discovered with great difficulty, and is extremely apt to be followed by deformity. It is very often regarded as a simple sprain, and receives no treatment at all as a fracture. It is good practice to treat severe injuries to the wrist joint, particularly where there is the least doubt in the diagnosis, as if they were fractures. No harm can result from it, and

much subsequent trouble and annoyance will very often be saved. Where there is much deformity, he would recommend the use of the straight splints, extending the whole length of the forearm and to the end of the fingers. In two or three days we will often find that the fractured end of the bone is bulging upward, and it will be necessary to put additional pressure upon it, by means of a compress, in re-applying the splints. In bad cases it is best to put the patient to bed, and elevate the fractured limb.

Bond's splint was exhibited to the class. It is easier and better, perhaps, toward the close of the treatment, than the straight splint, on account of the freedom of motion allowed to the fingers, but he would not recommend it in bad cases, or in the early treatment.

A woman, aged fifty, was presented, with fracture of both bones of the arm, near the lower extremity, who is getting well without deformity. *Rigidity of the fingers*, in the treatment of a great many of these cases, often gives trouble, sometimes even more than the fracture itself. An old woman, aged sixty-five, was brought in, suffering from this cause. It may be weeks or months before she can use them freely. The surgeon must exercise them daily himself, without trusting the patient to do it, for he will seldom have sufficient resolution to do it well.

## UNIVERSITY COLLEGE HOSPITAL.

SATURDAY, OCTOBER 16TH.

Service of Dr. Henry H. Smith.

## NECROSIS OF THE LOWER JAW.

CASE 1. A little girl, aged 7 years, presented well-marked *necrosis* of the right side of the lower jaw.

A year and a half ago she had scarlet fever, but her father did not remember that she was salivated.

Shortly after she recovered from the fever, a swelling appeared on the right side of her face, which was inflamed and painful, and finally proceeded to suppuration. The abscess was opened by her physician about two months ago, and discharged a considerable quantity of pus.

The symptoms she presented were very characteristic of the disease. As exhibited to the class, there was a well marked and solid tumefaction over the region of the jaw; it was not red or tender, but covered by skin, presenting a perfectly natural appearance.

On the posterior part of the swelling, directly over the parotid gland, was a fistulous orifice surrounded by a teat of luxuriant granulations, marking the point at which the abscess had been evacuated. On opening the mouth, it was seen that the gum on the outer side of the teeth involved, (the molars and canine of the right side,) was quite destroyed, and a plate of necrosed bone projected into the cavity of the mouth. Anteriorly, this plate of bone was loosened, but posteriorly it was still firmly adherent.

Dr. Smith removed the loosened portion of the plate with forceps; but on account of other arrangements made for the day, postponed further operative interference until a future occasion. A mouth-wash of myrrh and alum, as well as a weak solution of chlorinated soda, was directed for the present.

#### FIBRO-CELLULAR TUMOR OF THE MAMMA.

*Case 2.* A woman, aged 43 years, laboring under a large tumor of the left breast, was next presented. This patient has also had, for eight years, upon the left arm, over the belly of the biceps, what was presumed to be a fatty tumor; it was soft, doughy, and painless, and has gradually attained the size of a man's fist, and had never given any pain, or caused the slightest inconvenience.

About a year ago, she also noticed in her breast a small kernel about the size of a chestnut. It was accompanied, at that time, by great tenderness and intense burning pain. A physician who was consulted recommended leeches, followed by a blister; but his directions were not carried out by the patient. After a time, several smaller kernels could be felt surrounding the primary one; and thus the disease progressed until the whole gland was involved.

This patient first presented herself at the University Dispensary, during the latter part of last summer. At that time, the left breast was enlarged to once and a half its natural size. It was smooth and regular upon the surface, presenting to the touch no nodosities; on pressure, it was found to be exceedingly hard and unyielding, the pressure sometimes causing pain. The skin covering the breast was natural in appearance, but abnormally adherent to the gland, especially around the nipple. The nipple was large and indurated, but *not retracted*, the sebaceous follicles in the areola were enlarged and prominent. The gland was movable, and not adherent to the pectoral muscles. The patient stated that the

breast gave her considerable pain, especially at the menstrual periods, or after excessive bodily exertion, and that at each menstrual period it was much enlarged, diminishing a little in the intervals.

The patient, though nervous and excitable, was in good general health and of robust frame. The opposite breast was healthy. There was, however, a very slight induration of one of the lymphatic glands of the axilla on the affected side.

The patient was put under treatment, blood was several times abstracted locally, both by cups and leeches, and emollient and anodyne applications freely resorted to.

Under the influence of these measures the tumor somewhat diminished in size, and its painfulness was to some extent relieved. But the entire breast still retained its strong hardness, and the skin became gradually adherent to the gland, to a great extent. It also continued to enlarge.

In view of the symptoms and history, as thus detailed, Dr. Smith thought that the affection was *not* of a cancerous character, as had been supposed by the patient and her friends. He particularly called attention to the absence of nodosities as well as of any retraction of the nipple, an appearance so characteristic of cancer of the breast, whilst the mobility of the diseased gland showed it to be perfectly free from any close adhesions to the subjacent parts.

He called the attention of the class to the fact, that the diagnosis of tumors generally was often a most difficult matter, since, while in many cases their characters were so well pronounced as to render error almost impossible, in some other cases the symptoms were such as might perhaps belong to several distinct formations.

He would not, therefore, offer a positive opinion as to the nature of this tumor, but would express his belief, that in all probability the lesion consisted essentially in a pathological development of fibro-cellular tissue, in connection with the areolar, by which the lobules of the gland are bound together.

The correctness of this opinion, however, he was free to say could only be proved after the growth had been subjected to a microscopic examination.

The patient being now brought into the room, in a state of complete anæsthesia, two elliptical incisions were made, commencing near the axilla and terminating opposite the junction of the eighth rib, with its cartilage, thus enclosing

an elliptical flap of skin immediately surrounding the nipple, and the skin with the subcutaneous areolar tissue and fat having been turned back sufficiently, the gland was removed.

It was found to be firmly adherent, at some points, to the pectoral fascia, a small part of which was necessarily removed with the tumor.

Very little hemorrhage ensued, and the edges having been brought together with sutures and adhesive strips, the wound was dressed with a cerate cloth, compress and bandage.

While the dressing of the wound was progressing, Dr. Smith made a section of the tumor, and exhibited it to the class. On cutting into the gland, it was found firm and resisting, but did not cry under the knife like scirrhus. The cut surface was yellowish-white in color, and exhibited a reticulated fibrous appearance. When scraped with a knife, a thin, watery serum, rendered turbid by small particles mixed with it, exuded, but this fluid was not so cream-like and homogeneous in its appearance as the so-called "cancer juice." The opinion was therefore again expressed, that the growth would probably turn out, on microscopic examination, to be of a benignant character, probably fibro-cellular; but whether the result of the examination corresponded with, or differed from the opinion thus given, the class would be fully informed of its details.

Accordingly, on Wednesday, Oct. 20, the following statement, furnished by Dr. J. J. Woodward, to whom the growth was referred for microscopical investigation, was read to the class.

"The essential lesion in this breast was found to be a pathological new formation of connective (fibro-cellular) tissue, the special seat of which was the dense areolar tissue by which the gland vesicles and smaller lobules are held together. The morbid structure was in part well developed, but in part also in the embryonic (cellular) condition. The proper gland structure was atrophied, and the epithelium of the milk-tubes was undergoing fatty degeneration. It will readily be perceived that the condition which existed was very similar to what occurs in cirrhosis of the liver.

There were no structural conditions similar to those which exist in cancer."

We learn that this patient is recovering rapidly, no untoward circumstances having interfered with the convalescence, and she is now, Oct. 22d, walking about the ward.

WEDNESDAY, OCT. 20.

#### NECROSIS OF THE JAW.

*Case 1.* To-day another little girl aged eight years, presented a well marked case of Necrosis of the lower jaw, on the left side, and of the outer portion of the alveolar processes on both sides of the upper jaw. More than a year ago this child had suffered from a tedious attack of diarrhoea, and had been freely salivated during the treatment.

Shortly afterwards the disease commenced, and had gradually progressed up to the present period. The teeth attached to the involved portions were black and loosened, and the necrosed bone projected somewhat through the gum. The left side of the face was much swollen over the lower jaw, but no abscesses had discharged externally.

The breath was fetid.

General health good, bowels regular. After a careful examination, Dr. Smith concluded that it would be best to postpone any operation till the sequestra should be more thoroughly loosened by the natural processes. In the meantime antiseptic washes were directed in order to correct the fœtor. Labarraque's Solution, one drachm, diluted with four ounces of water was prescribed for the purpose, and the patient directed to return again.

It will be seen that there are several points of resemblance between this case and case 1st, on the clinic of Saturday 16th, the appearance of two similar cases being frequently noted in this service.

*Case 2. Club-foot.* An infant about a year old, had club-foot on both sides; the variety being varus combined with pes-equinus. The case had been under treatment for some time, and was progressing favorably. The ordinary club-foot iron as made by Kolbe, the University cutter, had been first employed to overcome the varus, and afterwards a club-foot shoe had been made use of to bring down the heel.

Dr. Smith stated that in his experience, cases of this sort seldom required tenotomy, if the treatment was early commenced and judiciously carried out. When tenotomy was demanded it was more frequently on account of the obstinacy of the pes-equinus than of the varus.

*Staphyloma.*—Cases 3 and 4 were both cases of Staphyloma in Children. The first a little boy, five years old, had suffered from this affection eleven months. It had followed an acute attack of inflammation. At present

it formed a tumor on the right eye about the size of a marble, over which however, the lids were still able to close. Some conjunctivitis had been present the last few days, in consequence of exposure to cold, and Dr. Smith thought it would be best to reduce this before resorting to an operation, as by so doing the risk of subsequent excessive inflammation would be much diminished. The case would be again presented to be operated upon. The operation will consist in slicing off the tumor and permitting the eye to collapse. A stump will thus be left for the application of an artificial eye.

The second case was an infant eight months old. The staphyloma affected the left eye, the other eye, as in the first case, being sound. A few days after birth this child had suffered from purulent ophthalmia and the staphyloma was the result. It was much smaller than the last, and as it was not the source of any irritation, Dr. Smith thought the operation had better be postponed until the child is older, on account of the difficulty of treating it at present.

#### OPACITIES OF THE CORNEA.

*Case 5.* Was an infant ten months old with dense opacities in both cornea, the result of an attack of purulent ophthalmia shortly after birth. So far as can be judged the child is very nearly quite blind. Little can be done in a case of opacities so dense as these. The effect of stimulating collyria will, however, be tried. Sulphate of cadmium, in the proportion of one grain to the fluid ounce of distilled water, was directed to be used for this purpose, &c.

#### CATARACT.

*Cases 6 & 7.*—Were both cases of hard cataract in aged women, who lived in the interior of the state. In one there was well marked amaurosis in the right eye, and the cataract in the left had not yet destroyed sight. As the patient still could see to go about, Dr. Smith declined to operate at present. For as she has but one eye, the other being totally amaurotic, should the inflammation set up by the operation become excessive, as sometimes happens, and destroy the eye, the patient would be in a worse condition than at present. When the cataract has progressed till her sight ceases to be useful, an operation will be proper, and will then be performed.

In the second case the cataract was fully formed in the right eye, but though a cataract

was forming in the left, sufficient sight was still left to render it advisable to postpone the operation. Both these cases will probably be presented again to the class in a few months.

#### SUSPECTED CALCULUS IN A FEMALE CHILD.

*Case 8.* Was a little girl from the centre of the state of Penna., about five years old who presented all the rational symptoms of stone in the bladder. When she was a year old she had an attack of whooping-cough, and shortly after recovery from this, began to suffer great distress in urination, passing much sand, and frequently after so doing, passing blood. She has spells of violent pain in the region of the bladder, and frequently while urinating the stream is suddenly checked, and not renewed for some time.

Dr. Smith stated that stone in the bladder was comparatively rare in female children, as well as in women, the female urethra permitting the nucleus to escape. Nevertheless the symptoms detailed would justify him in examining the bladder by means of a sound. A sound was accordingly introduced, but failed to touch any stone. As the child struggled violently during the operation this might account for the sound not touching a stone at present. At another time she will be etherized, and a more thorough exploration of the bladder made.

#### LITHOTOMY SUCCESSFUL IN EIGHT DAYS URINE PER VIAS NATURALES IN THIRTY-SIX HOURS.

*Case 9.*—The little boy operated upon, Wednesday, Oct. 13th, for stone, was next exhibited to the class. He had done remarkably well, and the wound had nearly cicatrized by adhesion. Thirty-six hours after the operation, he had passed his urine by the penis. Dr. Smith attributed this favorable result to the fact, that the patient had been carefully prepared for the operation, whilst the after treatment was also carefully attended to, no catheter being introduced into the bladder through the wound as is often done, a proceeding that is very apt to interfere with speedy union of the parts, and long continued, may create a perineal fistula.

*Case 10.*—*Adipose Tumor.* A young woman aged 27, was next shown, who had a tumor just on the top of her right scapula. It had been growing 4 years, and was a little larger than a man's fist. The skin covering it was healthy, and the tumor was soft, doughy to the touch and quite moveable. Dr. Smith said



that he considered the tumor to be of the adipose variety, and proposed to remove it. The patient being etherized accordingly, two oval incisions were made, and the tumor with a small elliptical flap of skin attached, was dissected out. The edges of the wound were brought together with sutures and adhesive strips, and it was dressed with a cerate cloth and compress, retained by a few turns of a roller bandage.

The tumor on being cut into, was seen to present all the characteristics of adipose growths.

#### SERO-CYSTIC TUMOR OF THE BREAST.

*Case 11.*—A young man aged 22 years, has had a large oval tumor in the right pectoral region, for the last five months, the source of which was unknown. The tumor was smooth and firm to the touch, presented no sense of fluctuation, and had been gradually growing since its first appearance.

As this case presented many difficulties in the way of an accurate diagnosis, an exploratory incision was made in the direction of the fibres of the pectoralis major, and after cutting through the skin and muscle, a cyst was found, which being incised, gave exit to a large quantity of a sero-purulent looking fluid.

The cyst was then freely incised, its fluid contents evacuated, and a considerable quantity of fibrinous looking matter removed from its walls.

The wound was then dressed in the same manner as that in the last case, except that a mesh of lint was introduced at its lower angle to facilitate the further discharge of the matter.

The situation of this collection of fluid beneath the pectoralis major of a muscular man and the great distention of the sac, would no doubt account for the total absence of fluctuation. The tumor was so perfectly spherical in its general outline, and so movable, that all who saw it, anticipated that it would prove to be of the adipose variety; whilst the duration, with the absence of all signs of inflammation and of any exciting cause, as a blow or injury, precluded the idea of liquid contents. The masses as well as the liquid were reserved for the further examination of the microscope.

#### JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 20th.

Service of Dr. Dickson.

*Case 1.*—A woman *æt.* 26, with a severe

pain over the eye, causing sickness of the stomach; which, after a time, emits noxious gases. She has had it for the last 24 hours without an interval, and during the whole of the nursing period, two or three times a week. Diagnosis. Paroxysmal neuralgia.

*Treatment.*—R. Quinia gr. i., and a teaspoonful of rust of iron three times a day.

*Case 2.*—Man, *æt.* 35, a painter, oppression in the lower part of the chest, constipation, vomiting and nausea. Difficulty in walking, cramps of the hands, abdomen retracted and tender upon pressure. Tongue furred in the centre and red around the edges. Diagnosis. Lead colic.

*Treatment.*—Purgatives, calomel gr. x., at night, and pills of aloes and rhubarb in the morning. When the bowels become right, iodide of potassium will be given.

*Case 3.*—Man, aged 72. Been sick 18 months. Pimples over the face and neck; skin rough, thickened and hard, with tubercles in it.

*Treatment.*—A long course of arsenical remedies. Liq. pot. arsenit., *gtt.* v., 3 times a day. Abstain from salt diet.

*Case 4.*—Child, *æt.* 14 months. Sick 2 weeks, cutting four double teeth, much pain during fecal discharges, gums hot, gastric irritation.

*Treatment.*—A weak solution of carbonate of potassa, with small doses of paregoric.

*Case 5.*—Man, *æt.* 41. Sick for a long time; dizziness in the head, nervousness, bowels irregular, tongue thickly furred and slightly swollen, gastric disorder.

*Treatment.*—Rhubarb, gr. x., carb. of soda, gr. v., to produce a gentle purgative effect.

#### Service of Dr. Gross.

*Case 1.*—An old lady, with disease of the mammary glands; she has a large tumor involving the whole of the left gland and the surrounding lymphatics; movable, nipple retracted. This has been present two years, and is remarkably hard. The pain is of a lancinating character. It is scirrhus.

*Treatment.*—We must not attempt to operate, for it would be certain to return in a short time. Keep her on careful diet, exercise, and employ soothing poultices.

*Case 2.*—Dr. Gross exhibited a boy *æt.* 4 years, upon whom he operated, for stone, by the lateral operation.



## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY, OCT. 13.

Dr. Mayburry, V. P., Presiding.

#### **PATHOLOGY AND TREATMENT OF SUN-STROKE.**

Dr. J. J. LEVICK opened the discussion by reading an interesting and valuable paper, collated from various Journals, etc., and presenting a complete account of his cases at the Pennsylvania Hospital. He considered blood-letting dangerous in the majority of cases, and had recourse to stimulants, etc. [We regret much our inability to present his paper to our readers, as has been our usual custom in these reports; but, in consequence of Dr. L. having previously published some remarks on this subject in the *American Journal of Medical Sciences*, he desired to have this appear in the same Journal. Our readers may, therefore, find it in the next number of that Journal.—Eds.] The following discussion ensued:—

Dr. T. HEWSON BACHE had examined the bodies of three persons who died from sun-stroke in the summer of 1853, and had hoped to have made more observations. In the first, he noticed that the *aorta* was much colored, and why he could not tell. He passed it by, as not being peculiar to the pathology of this disease. The heart was of firm texture, and by no means softened, as was affirmed by some writers. He noticed the same in both of the other cases. The blood was examined by several persons. He thought that he saw a decided change in it. There was no tendency to piling of the corpuscles, like coins in a roll. The white corpuscles were present to a larger amount. In examining the *aorta* by the microscope, little red spots were noticed on the surface; with a higher power, it presented a red amorphous mass. He obtained from these examinations the impression that the blood was altered, either by the heat, or from the great loss of fluid by perspiration. In all, the only abnormal appearance in the brain was congestion. All had alteration of the spleen; it was not as heavily loaded with white corpuscles as usual. He had been inclined to think that there might be a disintegration of the red corpuscles, as we know this may be produced out of the body, thus increasing the number of the white.

Dr. JEWELL asked Dr. L. concerning a case of a woman, who had been taken into the hospital in July.

Dr. LEVICK remembered it, and thought it not a well marked case of sun-stroke. She was subject to hysterical attacks, and it seemed that she had been much fatigued prior to this attack. She soon recovered her consciousness.

Dr. JEWELL said that, as he was the family physician, by their request he visited her the day following her attack, she having been removed to her residence. She was a remarkably healthy girl, and he thought Dr. L. must be mistaken in the person from the description he had presented. She was cupped freely, without restoring consciousness. Next morning, she was aroused by a young man coming into the house, and then she had a violent hysterical paroxysm. She relapsed into unconsciousness, and remained so about eight days, occasionally starting in violent paroxysms. As the family were anxious concerning her, Dr. Tiedeman was called in consultation; and by his advice the hot bath was used, but without a favorable result. Her neck was blistered; turpentine injections were administered; aromatic spirits of ammonia and tinc. of valerian were given internally. He considered it a case of nervous exhaustion. Whilst many, he believed, had been sacrificed by bleeding, yet he was unwilling to abandon the lancet in all cases. In China, in 1822, he saw a number of cases of sun-stroke among the sailors who were working on shipboard, without sheds or awnings spread over the deck to protect them from the hot sun; they would fall suddenly, and as the English practitioners bled them, he imitated their example, and with some success. Dr. L. overlooked, in his interesting paper, the phrenitis which accompanied the disease, in the armies of India particularly. The soldiers, when attacked, act as though in battle, and they were obliged to be restrained: in these cases, bleeding is resorted to with benefit.

Dr. Levick asked if these symptoms occur immediately, or whether they were included in the after results?

Dr. Jewell thought they occurred almost instantaneously.

Dr. Remington thought it very likely that these different views depended upon the different stages in which the disease presented itself to the practitioner. At the commencement, the loss of blood was useful; as in almost every case, there was, he apprehended, more or less congestion of the brain. We know well, the depressing influence of heat. He remembered several cases that occurred in his practice, all of which proved fatal. He believed, however, that sometimes cold water

cases, that is, an attack of insensibility, &c., resulting from too free use of cold water when over heated, were confounded with sun stroke. These are very different cases. In 1826, he had a number, all of which recovered. These cases occur generally in foreigners, Irish and Germans, engaged in laboring work under the scorching rays of a summer's sun. They dressed with woollen clothes, used whisky and raw onions to a great extent, and he thought these articles had the effect to produce intense thirst, to relieve which, they drank freely of cold pump water, and violent cramps and spasms in the stomach immediately ensued.

In sun stroke, we do not have these symptoms, and hence, the diagnosis is easily made.

The pain endured under these circumstances, being described by the patient, as intensely agonizing; such as might result from having swallowed so much melted lead. The treatment consisted mainly in giving stimulants of brandy and water, camphor and laudanum, sinapisms to the epigastrium, &c. He thought the lancet of benefit in the first stage of sun-stroke.

Dr. T. H. Bache said there would always be a difficulty on account of the difference between *heat stroke* and *sun stroke*. Dr. Gerhard called the mild cases, *heat stroke*. In the Pennsylvania Hospital, Dr. Bache had found 14 cases, which he divided into two classes according to their symptoms. When they were merely depressed, they were not the same as when suddenly stricken down. Of 7 cases of sun-stroke, according to this view, 6 died, and all in convulsions. When such cases do recover, they do so rapidly. He mentioned the case of a young man who, on a very hot day, had been much excited in the course of the day, and on going into the house, he fell in convulsions. The stimulating treatment was employed; sinapisms to the extremities, cold to the head, and in 2½ hours he began to be better. In about 3 hours, when Dr. B. saw him again, he had relapsed; the pulse was different; as before, he could hardly feel it. He was cupped freely on the temples and back of the head, and was relieved. Ten grains of calomel were then given him. Again the convulsions returned; again he was cupped; then he began to improve and

soon got well. After that, he had no return, nor any trouble with the brain.

Dr. Levick did not doubt, as he had already stated, that cases of meningitis might occur as a direct result of exposure to heat, and as a secondary result of sun-stroke.

A case of this latter kind was mentioned by him to the College of Physicians; that of a lad employed on a canal boat, who, after prolonged exposure to the sun, was seized with convulsions, and two days or more having elapsed without treatment, was brought to the hospital with symptoms of meningitis, which was prescribed for in the usual manner. After death there was found extensive inflammation at the base of the brain.

In reference to the cases mentioned in which recovery took place after free bleeding and the administration of ammonia and brandy, Dr. L. thought it would hardly be fair to exclude the latter part of the treatment from at least an important share in producing the favorable result.

While by no means prepared to say that there might not be cases of insolation in which bleeding would be useful, it had never occurred to him to witness such. Judging by the cases he had seen, it was difficult for him to conceive what were the indications for bleeding presented in sun-stroke. The mere fact of the existence of congestions, as of the lungs or of the brain, which, if they existed at all, were of the passive kind, certainly did not afford the indication in question. It was the more correct view now taken of the pathological condition of the congestive fever of our Southern States, which had converted a fearfully fatal disease into a comparatively tractable one. Now, instead of relying on bleeding to remove the congestion, stimulants are given to remedy the cause producing the congestion, to be found in the deranged or depressed condition of the nerve forces. So too with reference to the pulse, every one who had watched a case of poisoning by opium, would remember how the pulse would seem to demand bleeding; and yet, how rarely would it be proper to open a vein in such cases! Dr. Dowler's "solar asphyxia" might present other indications, but as we generally see it here, bleeding is not called for in sun-stroke. *Adjourned.*

## Editorial.

### SANITARY LEGISLATION.

THERE is scarcely anything that is so gingerly handled by our legislative bodies, State and municipal, as the subject of sanitary legislation, and no subject on which they so frequently stultify their own action. Several years ago, the Massachusetts legislature appointed an able commission to draw up a code of sanitary laws, which it was supposed were intended for enactment. The committee made an able report, which is worthy a place in every legislator's and medical man's library, and, thus far,—unfortunately for Massachusetts, and for the general interests of sanitary legislation,—that report has resulted in no practical good.

New York has been for some years past undergoing the most violent throes of labor over a sanitary police system for the city of New York, but have failed, so far, to produce even an abortion. It has proved to be a most violent case of physometra! In fact, sanitary legislation of any practical, useful kind, for the city of New York, seems to be a problem far beyond the ability of her legislators to solve; and no efforts of her medical men, however well directed, can serve to arouse the authorities to the importance of the subject.

A few months ago, an illustrated newspaper undertook to expose the abominations of the swill milk trade in that city. Councils appointed a commission to examine into the subject, who, after annoying the medical profession for their testimony in relation thereto, white-washed the filthy stables, the diseased animals, and their own report, and wound up their labors by bringing a suit against the unfortunate newspaper editor who had dared to call in question the nutritive and cleanly properties of swill-milk. We congratulate the medical witnesses that they escaped the annoyance of prosecutions on account of their testimony!

Then came the quarantine incendiarism,—

and another batch of medical men are dragged to the witness-stand, and hecatombs of medical testimony are sacrificed to lay the ghost of yellow jack, and befog the judges with learned testimony, until they forget what cause they are trying. The end of this farce is loss of valuable time to the medical men, a *carte blanche* to the incendiaries, and to the State,—a bill of expenses as long as a president's message.

And now another rôle of medical witnesses are on the rack before a Committee of the Senate of that State, on the sanitary condition of New York city. Now we have no objection to medical men being called to the witness-stand on subjects involving the public health. It is eminently proper that they should be, but it is high time that their testimony and recommendations were heeded.

There is scarcely any branch of legislation in which we are so behind the times as this, as evidence of which we give the following tabular statement, furnished by Dr. John H. Griscom to the committee last named above:—

Population of New York by last census, (1855,) —	629,810
Population of London by last census, —	2,362,230
(Nearly four times as great.)	
Mortality of New York in 1857, —	23,194
If the mortality of London bore the same proportion to New York as it does to its population, it would have been (in 1857) —	92,784
But it was only —	56,786
A saving of lives over the New York rate of nearly —	45,998

This statement of Dr. Griscom is closely allied to the fact of a better hygiene police in the thirty-two districts into which London is sub-divided, each under the supervision of a medical inspector, and the whole under the eye of a medical city inspector.

When will Pennsylvania awake to a realization of the fact that her citizens have health, which is liable to abuse as well as property, and which requires the protection of a just and rational code of sanitary laws? And when will the legislators of all our States lay aside their political scheming long enough to turn their attention to the subject of the health of their constituents?

# THE MEDICAL SCHOOLS OF NEW YORK.

On Monday, the 18th inst., Bellevue Hospital, New York, was opened for medical instruction, for the winter session. It was done in the regular New York way—with a flourish. The venerable Dr. John W. Francis gave the introductory lecture, which was retrospective in its character.

The exercises were wound up by some "capital operations" by Dr. James R. Wood. The first operation was for the removal of a portion of the lower jaw of a young woman for necrosis, caused by the fumes of phosphorus in the manufacture of lucifer matches. The second operation was the removal of the superior maxillary bone and portions of the malar bone and orbital plate of the frontal bone for necrosis, from the same cause. From the standing and well known skill of the surgeon, it is unnecessary to say that the operations were well performed.

Two or three questions occur to us. While we would be sorry to see quite as much flourish as our New York brethren are prone to in setting forth their advantages for medical instruction, could we not profitably—would it not be expedient for Philadelphia to make a little more of her advantages than she does?

Again: are there not lucifer match manufactories in Philadelphia? If so, why do we not have more of these cases of necrosis of the jaw from the vapors of phosphorus? Why should New York have so many, and we so few? We simply ask for information. Perhaps "sea-air" has something to do with it. We know it is very potent for some things!

On the evening of the same day, Willard Parker, M. D., delivered the introductory (*one*, instead of *seven*, as with us,) to the course of lectures in the College of Physicians and Surgeons. His theme was: "The Progress of the Science of Medicine and its Influences." At the same time the degree was conferred on nineteen graduates.

On the same evening the introductory to the course of lectures, in the University Medical

College, was given by Alfred C. Post, M. D., his theme being "The Triumph of Mind over Matter." He claimed that of the five great practical ideas which science has developed during the present age, four are of American origin, and that three of them had their birth in New York.

On Tuesday evening, the 19th, R. Ogden Doremus, M. D., gave the introductory to the annual course in New York Medical College.

## INTERNATIONAL COPYRIGHT LAW.

We learn from the editorial correspondence of *The New York Times*, that an International Copyright convention met in Brussels, on the 27th of September. Prominent authors and publishers to the number of 200 or more, were present from various countries of Europe, England and the United States being, in point of numbers, very poorly represented. The project of the convention originated in Belgium, and the business was prepared and managed principally by Belgian and French delegates. The convention was divided into five sections which met at nine o'clock each morning, and reported the result of their labours to the general convention at one o'clock. The whole business of the convention had previously been set forth in a series of questions, covering the whole subject, and these were divided into five sections, one of which was referred to each of the sections into which the convention was formed. At the general convention, the action of each section was discussed, and either, ratified, modified, or annulled, as the case might be. The debates were animated and interesting, and the general results seemed to give satisfaction. A portion of the convention maintained the *perpetual* right of an author in the product of his intellectual labor, but this was modified by adopting the recommendation that his claim be limited to *fifty years*, being a longer period than is allowed by the laws of any nation now.

The following are the recommendations of the convention.

1. The right of an author in his works should extend to *fifty years* after his death.



2. International admission of the right of literary and artistic copyright, with or without reciprocity.

3. The establishment of a uniform law, that protection to the product of intellect may be universal.

4. Complete equity between native and foreign authors.

5. A simplification of the formalities required for an author to publish his work in a foreign country, that is to say that the fact of his having complied with the requirement in his own country shall be sufficient.

6. Dramatic works, musical compositions, works of design, painting, sculpture, architecture and engraving, to be placed on the same footing, as regards copyright, as works of literature.

7. An author's or composer's control over the representation, performance or translation of his works.

8. An abolition, or, at least, a reduction of customs dues on all works of genius.

#### ABOUT PRINTING.

Although it will make little difference five years hence that our fourth number came out a week after time, it may be best to state briefly why it was.

The printing of our weekly was first undertaken by a firm who found, by the time the third number was issued, that they had undertaken what they had not the facilities to accomplish, and they found it necessary to relinquish it, in consequence of which a new arrangement had to be made. This, with the time required to adapt material to a new work, with some other unlooked for hinderances, caused the delay. But the printers have succeeded so well in putting a new face on our enterprise, that we feel sure our readers will be easily reconciled to a delay that has made so favorable a change. Our printers now have every facility for a prompt execution of their portion of the work, and they promise punctuality hereafter. We shall exact it of them.

## Medical News.

### MARRIAGES.

COLE—BERRY—At Newark, N. J., on Tuesday, Oct. 26th, by Rev. J. W. Shackelford, Miss Maggie E., daughter of the late George Cole, M. D., of Madison, N. J., to Wm. D. Berry, Esq., of Chicago, Illinois.

ROBERTS—SOUTH—In this city, on Tuesday, Oct. 19th, by Wm. Bacon Stevens, D. D., David Roberts, M. D., to Miss Emma M. South, all of this city.

ROSMAN—ASHMEAD—On the 28th inst., by Rev. W. H. Odenheimer, D. D., Dr. John Gaul Rosman, of Brooklyn, N. Y., to Elizabeth L., daughter of the late John Ashmead, of this city.

### DEATHS.

ELLIOT—In New York, on Monday, Oct. 25th, Mary, wife of Dr. James W. Elliott, aged 40.

MINER—At Wilkesbarre, Pa., on Thursday, Oct. 21st, Thos. Wright Miner, M. D.

WILLS—On Monday, 25th inst., near Cecilton, Cecil Co., Md., ANNE, wife of Dr. S. E. Wills.

The medical students of this city have petitioned the Board of Guardians of the poor for the re-opening of the hospital department of Blockley almshouse for the purposes of Clinical Instruction.

Drs. Paul B. Goddard and W. H. Pancoast, have been elected by the Medical Board of Charity Hospital, as Surgeons of that institution.

As far as we can judge from appearances, there is a larger number of students at the various medical colleges of this city, than have been in attendance for several years.

ERRATUM.—An error occurred in the University college Hospital report last week, which should be corrected. On p. 69, second column, fifth line from top, read as follows:—"Three-quarters of an inch in length, five-eighths in breadth, and about half an inch in thickness."



## PROSPECTUS.

As first a Quarterly, and then a Monthly, the MEDICAL AND SURGICAL REPORTER has been before the Profession for *Eleven Years*, and has established a reputation for Independence and Utility which has carried its circulation to the most remote parts of our land. It is due to the organized profession of New Jersey to say that it is chiefly indebted to their countenance and support for the position it holds. In its *Weekly form*, the REPORTER will not swerve from its past independent and utilitarian course; but rather, profiting by the experience of the past, seek a closer alliance with the profession, laboring with renewed zeal in the cause of medical progress.

To this end, it will be an earnest supporter of our National, State and other medical associations. It will ever keep a vigilant eye on the profession itself, endeavoring, without fear or favor, to correct abuses of all kinds that come under its observation, by advising its readers of them, always seeking to advocate the *right*, and to put down wrong, either in, or against, the profession. A watchful eye will also be kept on the public, and every opportunity embraced to inculcate right views on the reciprocal duties of the profession and the public.

The *principal* object of the work, however, will not be lost sight of, viz.: to make the REPORTER a frequent and profitable means of inter-communication between the members of the profession. Original communications on medical subjects, with notices of new books, will always find a place in our columns, and a large part of each weekly issue will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to *Clinical Reports* from Hospitals, etc., in this and other cities; and to *Reports of Medical Societies*, so far as their debates may be of general interest to the profession.

We shall also draw largely from the pages of cotemporaneous Medical Journals, both domestic and foreign, giving weekly summaries of whatever passes under our eye of general interest to medical men. In fact, no means that we can command will be left untried to make our journal an able exponent of American Medicine and Surgery.

To enable us to carry out our plans creditably to ourselves and to the profession of our country, we solicit an earnest and hearty pecuniary and literary support.

The REPORTER will be issued on Friday morning of each week, and mailed to subscribers at THREE DOLLARS per annum, or ONE DOLLAR for four months. *The money must invariably accompany the order*, in current funds, gold dollars, or postage-stamps. Single copies *eight cents*. Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and deaths of Physicians, etc., etc., are respectfully solicited.

Address "*Editors of the Medical and Surgical Reporter*," Box 1422, Phila. Pa.

S. W. BUTLER, M. D.,  
W. B. ATKINSON, M. D., } *Editors.*

Single copies can be obtained and subscriptions made, at Joseph M. Wilson's, 111 South Tenth St., and at the Drug Store of Taylor & Wetherbee, N. W. corner of Ninth and Chestnut Sts.

## RATES OF ADVERTISING.

Ten lines or less.	\$1 00
Every additional line.	06
A whole column.	6 00
A page.	10 00

Ten lines in NONPAREIL, which is the type used, will occupy about one inch of space.

For more than one insertion, there will be an abatement in the rates of charge.

Advertisements payable in advance, except by special contract.

## HOW OUR WEEKLY IS RECEIVED.

EXTRACTS FROM CORRESPONDENCE.

"I have received two numbers of the MEDICAL AND SURGICAL REPORTER in its new form and dress, and am much pleased with its style, independence and practical character. I consider it a valuable journal for the medical practitioner."

Morristown, N. J., Oct. 16th, 1858.

"I am extremely happy that you have effected the change in your—our—periodical, (for you are not the only owner of it,) from a Monthly to a Weekly. I was going to subscribe to the *Boston Medical and Surgical Journal* at the commencement of the coming year, in order to supply a want I had often felt; but as the REPORTER has the advantage in point of location, and having the interest of the profession at heart, I shall cheerfully support it, and welcome it as I have heretofore done, as the most pleasant face to my table."

Abingdon, Ill., Oct. 14th, 1858.

"By issuing your journal in a weekly form it will truly enhance its value greatly. I trust that it will remunerate you sufficiently for the laudable change."

Baltimore, Md., Oct. 13th, 1858.

"Please send me half a dozen copies of your 'Student's Number,' and I will try what I can do with brethren by way of subscription. I like the plan, and hope the weekly may succeed."

Hagerstown, Ind., Oct. 8th, 1858.

"I am much pleased with the new form in which the REPORTER has appeared. I shall now read it more thoroughly than I have done heretofore, for the reason that it is more convenient for me to peruse a short weekly number than a large one at longer intervals."

New Haven, Conn. Oct. 12th, 1858.

"I send you \$2 00 with the request that you will send me as many copies of your first weekly issue of the REPORTER as the money will pay you for. Let me congratulate you upon the new era that you have inaugurated in the medical literature of Philadelphia by the publication of a weekly periodical. A weekly medical paper is very much needed by the profession, and I have no doubt but that you will be liberally patronised in your laudable undertaking."

Darlington, Md., Oct. 7th, 1858.

"Please send me some 12 or 18 copies of the 'Student's Number' of the REPORTER with price."

Willow Grove, Del. Oct. 15th, 1858.

### THE EYE AND EAR.

Dr. Turnbull's Fourth Annual Course of Lectures on the Medicine and Surgery of the Eye and Ear will commence at the Lecture-room of the College Avenue Anatomical School, on the 16th of October, at 9 A. M., and continue till March. The Course will be fully illustrated, and cases will be furnished to advanced members of the class.

A Public Clinic will also be held twice a week at the Western Clinical Infirmary. Fee for the entire course, \$15. LAURENCE TURNBULL, 1208 Spruce St.

### PRACTICAL INSTRUCTION IN OBSTETRICS.

Dr. Ely McClellan will give a Practical Course on the Science and Art of Midwifery, during the coming session. These lectures will be amply illustrated by the Manikin, Diagrams, preparations, etc. The Lectures will be given at such hours as will not conflict with the College Lectures. The members of the class will be furnished with cases to attend, under the supervision of the Lecturer.

Fee \$15. For further information, apply to Ely McClellan, M. D., 1110 Girard Street, or, at his rooms, opposite Jefferson Medical College.

### JACOB LUTZ,

MANUFACTURER OF

### MAHOGANY & MOROCCO CASES,

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ALLOPATHIC AND HOMOEOPATHIC BOTTLE CASES.

Jewellers' Show Cases and Traveling Trunks fitted up in the neatest style; also Fire-proof Drawers lined.

### DR. G. BACHMAN,

No. 315 Buttonwood Street, will instruct Medical Students in the German Language during a Course of Six Weeks, when they are expected to have attained a sufficient knowledge to make out with the patients who speak that language.

Price of Tuition, \$5. French and Latin are also taught by the same.

### A CARD.

The undersigned will receive a few Students into his office for the whole or part of their Term of Studies, at the usual rates of charge. The Course of Instruction will be fully illustrated by Models, Specimens, &c.

S. W. BUTLER, M. D., No. 701 Arch St.

### DAILY MEDICAL EXAMINATIONS

Will be held by the undersigned, on all the branches taught in the University of Pennsylvania, at their Rooms, 116 North Ninth Street, above Arch, beginning about the 20th of October. Fee \$30.

JAS. M. CORSE, M. D., 150 North Tenth St.

WM. H. HOOPER, M. D., 1502 Locust St.

S. W. BUTLER, M. D., 701 Arch St.

### PRACTICAL INSTRUCTION IN OBSTETRICS.

Dr. W. B. Atkinson will give a Practical Course on the Science and Art of Midwifery, during the coming session. These lectures will be amply illustrated by the Manikin, Diagrams, preparations, etc. The Lectures will be given at such hours as will not conflict with the College Lectures. The members of the class will be furnished with cases to attend, under the supervision of the Lecturer. Fee, \$15. For further information, apply to

WM. B. ATKINSON, M. D., 215 Spruce St., or, at "College Avenue Anatomical School," S. E. corner of Tenth Street and College Avenue.